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Tysons, VA 22102

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LLGS

LUKAS
LAFURIA
GUTIERREZ
& SACHS LLP

Accepted / Filed

JUN 14 2017

June 14 2017

Federal Communications Commission
Office of the Secretary

ORIGINAL

VIA HAND DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Re: WT Docket No. 10-208
East Kentucky Network, LLC
FCC Form 690 Mobility Fund Phase I Annual Report
SAC(s): 268001, 268004, 268005, 268006, 268007, 268008, 268009,
268010, 268011, 268012, 268013, 268014, 268016, and 268017.

Dear Secretary Dortch:

Please find attached a copy of each FCC Form 690 Mobility Fund Phase I Annual Report ("FCC Form 690") submitted with the Universal Service Administrative Company (USAC) by East Kentucky Network, LLC pursuant to Section 54.1009 of the Commission's rules. Copies of the FCC Form 690 are also being submitted with the relevant state Commission.

A copy of this cover letter has been provided, which you are requested to date-stamp and return.

Sincerely,



Todd Slamowitz

Attachments

No. of Copies rec'd 0
List ABCDE

<010> Study Area Code	268001	
<015> Study Area Name	East Kentucky Network, LLC	
<020> Program Year	2017	Accepted / Filed
<030> Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUN 14 2017
<035> Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039> Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No) ☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	178607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	10 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7045848696
<138>	Email Address	tslamowitz@fccclaw.com

<010>	Study Area Code	268001
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer or Employee: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer or Employee: Michael HuffmanTitle or position of Authorized Officer or Employee: Financial Operations DirectorTelephone number of Authorized Officer or Employee: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268001Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Todd SlamowitzTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268001Filing Due Date for this form: 07/03/2017

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<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf (Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
<218>	Network will Support 3G/4G Mobile Service ?	<input type="radio"/> 3G <input checked="" type="radio"/> 4G

<010>	Study Area Code	268001
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@ecclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer: Michael HuffmanTitle or position of Authorized Officer: Financial Operations DirectorTelephone number of Authorized Officer: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268001Filing Due Date for this form: 07/03/2017

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLPTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268001Filing Due Date for this form: 07/03/2017

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Attachments

<141>

[illegible]

0

77

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

<010> Study Area Code	268004
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz
<035> Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.
<039> Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com

Accepted / Filed

JUN 14 2017

Federal Communications Commission
Office of the Secretary

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)

☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

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THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaPuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	tslamowitz@fccclaw.com

<010>	Study Area Code	268004
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
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I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer or Employee: CERTIFIED ONLINE

Date: 06/13/2017

Printed name of Authorized Officer or Employee: Michael Huffman

Title or position of Authorized Officer or Employee: Financial Operations Director

Telephone number of Authorized Officer or Employee: 6068747550 ext.1164

Study Area Code of Reporting Carrier: 268004

Filing Due Date for this form: 07/03/2017

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Name of Reporting Carrier: East Kentucky Network, LLC

Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE

Date: 06/12/2017

Name of Authorized Agent Employee: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent: FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268004

Filing Due Date for this form: 07/03/2017

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<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
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- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	

<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf {Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<218> Network will Support 3G/4G Mobile Service ? ☒ 3G ☐ 4G

<010>	Study Area Code	268004
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer: Michael HuffmanTitle or position of Authorized Officer: Financial Operations DirectorTelephone number of Authorized Officer: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268004Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLPTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268004Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

<141>

Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

93

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
---	---

<010> Study Area Code	268005
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz
<035> Contact Telephone Number: Number of the person identified in data line <030>	7035858678 ext.
<039> Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com

Accepted / Filed

JUN 14 2017

Federal Communications Commission
Office of the Secretary

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<040> <input type="radio"/> <input checked="" type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<041> <div style="border: 1px solid black; height: 40px;"></div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042> <div style="border: 1px solid black; height: 20px;"></div>

<080> Tribal Lands Reporting (y/n?)	(Does this study area cover tribal lands? Yes or No)	<input type="radio"/> <input checked="" type="radio"/>
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Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068757550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068757550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	tslamowitz@fcclaw.com

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Coverage and Performance attachments

-268005_Coverage Files-1.zip, -Undriveable Roads-2.zip

<141>

[illegible]

Percentage of Total Population Reached by Service

0	
---	--

Percentage of Total
Road Miles covered
by Service

89

<010> Study Area Code	268005
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@ecclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer or Employee: CERTIFIED ONLINE

Date: 06/13/2017

Printed name of Authorized Officer or Employee: Michael Huffman

Title or position of Authorized Officer or Employee: Financial Operations Director

Telephone number of Authorized Officer or Employee: 6068747550 ext.1164

Study Area Code of Reporting Carrier: 268005

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLC

Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE

Date: 06/12/2017

Name of Authorized Agent Employee: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent: FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268005

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
<147>	Feasibility and sustainability planning;
<148>	Marketing services in a culturally sensitive manner;
<149>	Compliance with Rights of way processes
<150>	Compliance with Land Use permitting requirements
<151>	Compliance with Facilities Siting rules
<152>	Compliance with Environmental Review processes
<153>	Compliance with Cultural Preservation review processes
<154>	Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2016
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	

<210>	Actual Completion Date	
-------	------------------------	--

<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf <i>{Name of PDF attached}</i>
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Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<218>	Network will Support 3G/4G Mobile Service ?	<input type="radio"/> 3G <input checked="" type="radio"/> 4G
-------	---	--

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<010>	Study Area Code	268005
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035858678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer: Michael HuffmanTitle or position of Authorized Officer: Financial Operations DirectorTelephone number of Authorized Officer: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268005Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLPTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268005Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

<141>

Percentage of
Total Population
Reached by
Service

Q

Percentage of Total
Road Miles covered
by Service

89

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v)."

**Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form**

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code 268006

<015> Study Area Name East Kentucky Network, LLC

<020> Program Year 2017

<030> Contact Name: Person USAC should contact
with questions about this data Todd Slamowitz

<035> Contact Telephone Number:
Number of the person identified in data line <030> 7035848678 ext.

<039> Contact Email:
Email of the person identified in data line <030> tslamowitz@fcclaw.com

Accepted / Filed

JUN 14 2017

**Federal Communications Commission
Office of the Secretary**

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>



<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)



Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	talamowitz@fcclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	talamowitz@fcclaw.com

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 3 of 8

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

Coverage and Performance attachments

[illegible]

0

77

<010> Study Area Code	268006
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer or Employee: CERTIFIED ONLINE

Date: 06/13/2017

Printed name of Authorized Officer or Employee: Michael Huffman

Title or position of Authorized Officer or Employee: Financial Operations Director

Telephone number of Authorized Officer or Employee: 6068747550 ext.1164

Study Area Code of Reporting Carrier: 268006

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLC

Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE

Date: 06/12/2017

Name of Authorized Agent Employee: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent: FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268006

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	t.slamowitz@fcclaw.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

<200>	Date Authorized to Receive Support	<input type="text" value="07/18/2013"/>
<201>	Targeted Completion Date	<input type="text" value="07/19/2016"/>
<202>	Total Mobility Fund Support Awarded	<input type="text"/>
<203>	Total Mobility Fund Support Disbursed	<input type="text"/>

<210>	Actual Completion Date	<input type="text"/>
-------	------------------------	----------------------

<211>	Project Status Description (attached)	<div><div>EKN_PSD_Line_211_KY.pdf</div><div>{Name of PDF attached}</div></div>
-------	---------------------------------------	--

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

<218>	Network will Support 3G/4G Mobile Service ?	<input type="radio"/> 3G <input checked="" type="radio"/> 4G
-------	---	--

<010>	Study Area Code	268006
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010> Study Area Code	268006
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer: Michael HuffmanTitle or position of Authorized Officer: Financial Operations DirectorTelephone number of Authorized Officer: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268006Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLPTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268006Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

<141>

Percentage of
Total Population
Reached by
Service

Q

Percentage of Total
Road Miles covered
by Service

77

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v)."

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code 268007

<015> Study Area Name East Kentucky Network, LLC

<020> Program Year 2017

<030> Contact Name: Person USAC should contact with questions about this data Todd Slamowitz

<035> Contact Telephone Number: Number of the person identified in data line <030> 7035848678 ext.

<039> Contact Email: Email of the person identified in data line <030> tslamowitz@fccclaw.com

Accepted / Filed

JUN 14 2017

**Federal Communications Commission
Office of the Secretary**

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040>



<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)



Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	tslamowitz@fcclaw.com

268007_Combined Zip_KY.zip, 268007_CPRe_PropStudy_KY.zip,
268007_EKN Undrivable Road explanation.zip

268007_Combined Zip_KY.zip, 268007_CPRe_PropStudy_KY.zip,
268007_EKN Undrivable Road explanation.zip

[illegible]

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81

<010> Study Area Code	268007
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@ecclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP

Name of Reporting Carrier: East Kentucky Network, LLC

Signature of Authorized Officer or Employee: CERTIFIED ONLINE

Date: 06/13/2017

Printed name of Authorized Officer or Employee: Michael Huffman

Title or position of Authorized Officer or Employee: Financial Operations Director

Telephone number of Authorized Officer or Employee: 6068747550 ext.1164

Study Area Code of Reporting Carrier: 268007

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLC

Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP

Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE

Date: 06/12/2017

Name of Authorized Agent Employee: Todd Slamowitz

Title or position of Authorized Agent or Employee of Agent: FCC Legal Counsel

Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.

Study Area Code of Reporting Carrier: 268007

Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

Select (Yes, No, Not Applicable)

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

<200> Date Authorized to Receive Support

07/18/2013

<201> Targeted Completion Date

07/19/2015

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)

EKN_PSD_Line 211_KY.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design

✓

<213> Status of Network Deployment - Construction

✓

<214> Status of Network Deployment - Deployment

✓

<215> Status of Network Deployment - Maintenance

✓

<216> Project Budget Status

✓

<217> Project Plan Status

✓

<218> Network will Support 3G/4G Mobile Service ?



3G



4G

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	268007
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer: Michael HuffmanTitle or position of Authorized Officer: Financial Operations DirectorTelephone number of Authorized Officer: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268007Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLPTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268007Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

<141>

Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

81

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v)."

Mobility Fund Phase 1 - \$54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code 268008

<015> Study Area Name East Kentucky Network, LLC

<020> Program Year 2017

<030> Contact Name: Person USAC should contact with questions about this data Todd Slamowitz

<035> Contact Telephone Number: Number of the person identified in data line <030> 7035848678 ext.

<039> Contact Email: Email of the person identified in data line <030> tslamowitz@fcclaw.com

Accepted / Filed

JUN 14 2017

Federal Communications Commission
Office of the Secretary

<040> **Has the information required pursuant to \$54.1009 been provided with a Form 481 filing (Y/N)** <040> ☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> **Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No)

☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Information

if same as above, indicate in this box

☐

<120>	Name (First, MI, Last, Suffix)	Michael Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Information

if no agent, indicate in this box

☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	tslamowitz@fcclaw.com

Coverage and Performance attachments

-SAC 268008-Updated Broadband-3.zip, -SAC 268008-Updated-1.zip, -Voice-Undriveable Roads-SAC 268008-2.zip

[illegible]

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78

<010> Study Area Code	268008
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccilaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer or Employee: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer or Employee: Michael HuffmanTitle or position of Authorized Officer or Employee: Financial Operations DirectorTelephone number of Authorized Officer or Employee: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268008Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:**Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier**

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Todd SlamowitzTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268008Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)

<010> Study Area Code 268008
 <015> Study Area Name East Kentucky Network, LLC
 <020> Program Year 2017
 <030> Contact Name - Person USAC should contact regarding this data Todd Slamowitz
 <035> Contact Telephone Number - Number of person identified in data line <030> 7035848678 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> tslamowitz@fccclaw.com

<200> Date Authorized to Receive Support

07/18/2013

<201> Targeted Completion Date

07/19/2016

<202> Total Mobility Fund Support Awarded

<203> Total Mobility Fund Support Disbursed

<210> Actual Completion Date

<211> Project Status Description (attached)

EKN_PSD_Line 211_KY.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design
 <213> Status of Network Deployment - Construction
 <214> Status of Network Deployment - Deployment
 <215> Status of Network Deployment - Maintenance
 <216> Project Budget Status
 <217> Project Plan Status

✓
✓
✓
✓
✓
✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G
 ☒ 4G

<010>	Study Area Code	268008
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010> Study Area Code	268008
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLP
 Name of Reporting Carrier: East Kentucky Network, LLC
 Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/13/2017
 Printed name of Authorized Officer: Michael Huffman
 Title or position of Authorized Officer: Financial Operations Director
 Telephone number of Authorized Officer: 6068747550 ext.1164
 Study Area Code of Reporting Carrier: 268008 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLC
 Name of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLP
 Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/12/2017
 Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLP
 Title or position of Authorized Agent or Employee of Agent: FCC Legal Counsel
 Telephone number of Authorized Agent or Employee of Agent: 7035848678 ext.
 Study Area Code of Reporting Carrier: 268008 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

<141>

Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

78

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules,¹ East Kentucky Network, LLC ("EKN") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code ("SAC") that was provided by EKN in its long-form application (the "FCC Form 680") filed in conjunction with its Auction 901 winning bids.

To date, EKN has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

¹ Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010> Study Area Code	268009	Accepted / Filed
<015> Study Area Name	East Kentucky Network, LLC	
<020> Program Year	2017	JUN 14 2017
<030> Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commission Office of the Secretary
<035> Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	
<039> Contact Email: Email of the person identified in data line <030>	tslamowitz@fccclaw.com	

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040>

☐ ☒

<041> Attach a description of the documents filed with the Form 481 reporting

<041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting

<042>

<080> Tribal Lands Reporting (y/n?)

(Does this study area cover tribal lands? Yes or No)

☐ ☒

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1786607
<111>	Filing Carrier Name	East Kentucky Network, LLC
<112>	Winning Bidder Carrier Name	East Kentucky Network, LLC
<113>	Street Address (or PO Box)	101 Technology Trail
<114>	City	Ivel
<115>	State	KY
<116>	Zip-Code	41642
<117>	Telephone Number	6068747550 ext.
<118>	Fax Number	6067912225
<119>	Email Address	mhuffman@ekn.com

Contact Informationif same as above, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	Micheal Huffman
<121>	Filing Carrier Name	East Kentucky Network, LLC
<122>	Street Address (or PO Box)	101 Technology Trail
<123>	City	Ivel
<124>	State	KY
<125>	Zip-Code	41642
<126>	Telephone Number	6068747550 ext.
<127>	Fax Number	6067912225
<128>	Email Address	mhuffman@ekn.com

Authorized Agent Informationif no agent, indicate in this box ☐

<130>	Name (First, MI, Last, Suffix)	Todd Slamowitz
<131>	Company	Lukas, LaFuria, Gutierrez & Sachs, LLP
<132>	Street Address (or PO Box)	8300 Greensboro Drive, Suite 1200
<133>	City	Tysons
<134>	State	VA
<135>	Zip-Code	22102
<136>	Telephone Number	7035848678 ext.
<137>	Fax Number	7035848696
<138>	Email Address	tslamowitz@fcclaw.com

268009_Combined Zip_KY.zip, 268009_CPre_PropStudy_KY.zip,
EKN Undrivable Road explanation.zip

<141>

[illegible]

0

76

<010> Study Area Code	268009
<015> Study Area Name	East Kentucky Network, LLC
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035> Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fccclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Lukas, LaFuria, Gutierrez & Sachs, LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Lukas, LaFuria, Gutierrez & Sachs, LLP
Name of Reporting Carrier:	East Kentucky Network, LLC
Signature of Authorized Officer or Employee:	CERTIFIED ONLINE Date: 06/13/2017
Printed name of Authorized Officer or Employee:	Michael Huffman
Title or position of Authorized Officer or Employee:	Financial Operations Director
Telephone number of Authorized Officer or Employee:	6068747550 ext.1164
Study Area Code of Reporting Carrier:	268009 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	East Kentucky Network, LLC
Name of Authorized Agent Firm:	Lukas, LaFuria, Gutierrez & Sachs, LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/12/2017
Name of Authorized Agent Employee:	Todd Slamowitz
Title or position of Authorized Agent or Employee of Agent:	FCC Legal Counsel
Telephone number of Authorized Agent or Employee of Agent:	7035848678 ext.
Study Area Code of Reporting Carrier:	268009 Filing Due Date for this form: 07/03/2017
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<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

<142> State _____

<143> County _____

<144> Tribal Land(s) on which ETC Serves _____

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- | | | |
|-------|--|-------------------------------------|
| <146> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | Select
(Yes, No, Not Applicable) |
| <147> | Feasibility and sustainability planning; | |
| <148> | Marketing services in a culturally sensitive manner; | |
| <149> | Compliance with Rights of way processes | |
| <150> | Compliance with Land Use permitting requirements | |
| <151> | Compliance with Facilities Siting rules | |
| <152> | Compliance with Environmental Review processes | |
| <153> | Compliance with Cultural Preservation review processes | |
| <154> | Compliance with Tribal Business and Licensing requirements. | |

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/19/2015
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	

<210>	Actual Completion Date	
-------	------------------------	--

<211>	Project Status Description (attached)	EKN_PSD_Line 211_KY.pdf {Name of PDF attached}
-------	---------------------------------------	---

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓

<218>	Network will Support 3G/4G Mobile Service ?	<input checked="" type="radio"/> 3G <input type="radio"/> 4G
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<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

<010>	Study Area Code	268009
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
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<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent) Lukas, LaFuria, Gutierrez & Sachs, LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent: Lukas, LaFuria, Gutierrez & Sachs, LLPName of Reporting Carrier: East Kentucky Network, LLCSignature of Authorized Officer: CERTIFIED ONLINEDate: 06/13/2017Printed name of Authorized Officer: Michael HuffmanTitle or position of Authorized Officer: Financial Operations DirectorTelephone number of Authorized Officer: 6068747550 ext.1164Study Area Code of Reporting Carrier: 268009Filing Due Date for this form: 07/03/2017

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Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier: East Kentucky Network, LLCName of Authorized Agent Firm: Lukas, LaFuria, Gutierrez & Sachs, LLPSignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINEDate: 06/12/2017Name of Authorized Agent Employee: Lukas, LaFuria, Gutierrez & Sachs, LLPTitle or position of Authorized Agent or Employee of Agent: FCC Legal CounselTelephone number of Authorized Agent or Employee of Agent: 7035848678 ext.Study Area Code of Reporting Carrier: 268009Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.